



UNUSUAL OCCURRENCE REPORT FORM FOR OUT-OF-STATE MEDICAL PERSONNEL

In response to the Governor's Emergency Declaration, subsection three (3), concerning the preparation and response to the COVID-19 outbreak; out-of-state medical personnel must obtain authorization from the Director of the EMS Authority before they may practice in California. As part of that approval, all unusual occurrence incidents involving out-of-state medical personnel must be reported to EMSA using this form. The completed form shall be submitted to EMSA at COVID19@emsa.ca.gov within 24 hours of the incident.

Incident Date/Time: _____ Reporting Date: _____

Facility Name: _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Person Reporting Incident: _____

Day Phone#: _____ Email: _____

Out-of-State Medical Professional:

Name: _____ Phone: _____ Email: _____

Healthcare Profession: _____ License/Certification #: _____

Issuing State: _____ Issuing Agency: _____

INCIDENT INFORMATION:

Type of Incident:

Incident Description: Be as specific as possible. Include: names, addresses, times, dates, etc. Use separate sheets of paper if necessary.

Attachments: Yes No _____ # of pages

I certify that all information on this form and enclosed documents, to the best of my knowledge, are true and correct.

Signature

Date

For EMSA Use

Final Disposition: _____

Reviewed By: _____

EMSA Incident #: _____

Date Received: _____

Date Closed: _____

Directions for Unusual Occurrence Report Form

1. Incident Date and Time: Please be sure to indicate the date and time of incident here. This will make information related to the incident much more accessible.
2. Reporting Date: This should be the date that the report is being prepared and reported.
3. Facility Name: Indicate the agency from which the event number is generated.
4. Address of Facility: Please provide the physical address of the facility.
5. Day Phone#: Indicate daytime phone number for person reporting the incident.
6. Email: Indicate email address for person reporting the incident.
7. Mailing Address: Indicate physical mailing address for person reporting the incident.
8. Out-of-State Medical Professional Area
 - a. Name: Provide the name of the medical professional involved in the incident. If more than one out-of-state medical professional was involved, fill out a form for each professional.
 - b. Phone: Provide the contact phone number for the medical professional
 - c. Email: Provide the contact email address for the medical professional
 - d. Healthcare Profession: Identify the type of medical profession the individual is licensed to practice
 - e. License/Certification#: Provide the medical professionals license number
 - f. Issuing state: Provide the State that issued the license/certification
 - g. Issuing agency: provide the name of the agency that issued the license/certification
9. Incident Information:
 - a. Type of Incident: Briefly describe the incident type.
 - b. Incident Description: Please print clearly and legibly. A typed incident description is acceptable, simply circle attachments "YES" in section 15 and attach the typed statement.
10. Attachments: If additional documentation, accident reports or a continuation of the incident description is necessary, then mark YES and indicate the # of total attached pages.

The completed Unusual Occurrence Reports must be emailed to the EMS Authority at:

COVID19@emsa.ca.gov

California Emergency Medical Services Authority
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA 95670
(916) 322-4336

Thank you for taking the time to complete the Unusual Occurrence Form. For any questions or concerns please email COVID19@emsa.ca.gov.